

Referral to Secondary Care Pain Services Clinics For Assessment And Treatment Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/)

Section A – Policy Criteria

Funding approval for referral, assessment and treatment will only be provided by the NHS for patients with complex pain needs meeting the criteria set out below. Prior to referral it should be discussed with and confirmed that the patient:

1. Understands the reason for the referral and is willing to engage in the intervention as described in this policy - supports the referral, AND
2. Understands that chronic pain is a long-term problem, AND
3. Is ready to and willing to engage in holistic self-management (Patients who are fully engaged with the Pain Clinic normally receive the optimum benefit) AND
4. Has realistic expectations of the referral - An explanation about the aims of the Pain Service has been given to the patient including providing a copy of the patient advisory leaflet supporting this policy so they can make an informed decision about whether they want to engage with our approach to management, AND
5. Any underlying cause for the pain has been eliminated or managed appropriately without resolution of pain, does not want, is not fit for a definitive procedure or this procedure is not routinely funded, AND
6. Appropriate Drug therapy has been tried but has been ineffective, is inappropriate or cannot be optimised in primary care) AND
7. Advice has been given about exercise and a healthy lifestyle and this has been appropriately engaged with by the patient – AND
8. Has not been referred to a different specialty for the same condition at the same time, AND
9. is not being referred for a specific intervention. Whilst a therapeutic intervention may help some individuals this should be part of a multidisciplinary management programme. Pain services do not perform procedures at the request of a referring individual or patient.

Re-referral of patients

Patients who have been seen in a Pain Clinic before can be re-referred. The triaging pain clinician will decide if the re-referral is appropriate. It is helpful if information can be given in the referral about why the patient wants to return to Pain Clinic.

Patients who have been through a Pain Management Programme might be accepted for re referral if they need a 'top-up' on their pain management skills or if their circumstances have changed.

NOTE

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

There are a number of ways the team can help to reduce an individual's pain. This can include prescribing medication, physiotherapy, Epidural and Nerve Block injections.

Risks

It is not always possible to cure or even reduce the intensity of pain.

Alternatives

Use of conservative treatments, including self-management techniques.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

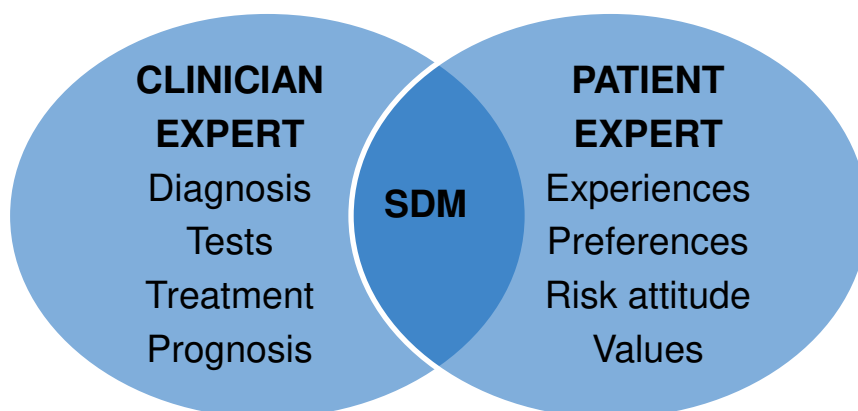
Referral to Secondary Care Pain Services Clinics For Assessment And Treatment– Plain Language Summary

Chronic, or persistent pain is pain that carries on for longer than 12 weeks despite medication or treatment. Most people get back to normal after pain following an injury or operation. But sometimes the pain carries on for longer or comes on without any history of an injury or operation. Persistent pain conditions can be difficult to treat and have an impact on people’s lives, effecting their mood, sleep, mobility and social life including work or ability to fulfil caring responsibilities. Medical management of patients with chronic pain is difficult. Pain services focus on reducing the suffering experienced by a person with chronic pain. It combines physical, emotional, intellectual, and social skills to help the individual regain control of their life and enhance the quality and pleasure of that life despite the pain.

Shared Decision Making

If a person fulfils the criteria for Referral to Secondary Care Pain Services Clinics For Assessment And Treatment it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use ‘Ask 3 Questions’:

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. Word Numbering
2. More Word Numbering

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the CCGs are responsible, including policy development and review.

Document Title	Referral to Secondary Care Pain Services Clinics For Assessment And Treatment
Author(s) job title(s):	Commissioning Policy Development Manager, Clinical Lead for Policy Development and Exceptional Funding
Document version:	2324.02.00
Supersedes:	
Discussed at Commissioning Policy Review Group (CPRG):	24.10.23
Approval Route (see <u>Governance</u>):	Level 2
Approval Date	12.12.23
Date of Adoption:	01.02.24
Publication/issue date:	01.02.24
Review due date:	Earliest of either NICE publication or three years from approval.

Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.